Recording requested by and mail tax statements to:

16

NU Properties Limited Partnership C/O Imspec Ltd. 960 Dresslerville Road Gardnerville, Nevada 89410 DODALD Smith 960 Dresslerville Ro. Gardnerville, NV 89410

ASSESSORS PARCEL NUMBER (APN): 29 - 311 - 15 revised 1220 - 21 - 710 - 138

AFFIDAVIT RE: TERMINATION OF JOINT TENANCY Death of Joint Tenant

DONALD E. SMITH, being of legal age, having been duly sworn, deposes and says: That WANDA VESTA SMITH, the Decedent identified by the attached certified copy of a Certificate of Death, is the same person as WANDA V. SMITH named as one of the parties in that certain Individual Grant Deed dated the 7th day of June 1993, executed by Sheryl Woodruff Smith, Donald E. Smith and Wanda V. Smith, as Grantors, to Donald E. Smith and Wanda V. Smith, husband and wife as Joint Tenants with right of survivorship as to an undivided ½ interest, and Sheryl Woodruff Smith, a married woman as her sole and separate property as to an undivided ½ interest, as Grantees, recorded as document/instrument number 310077 on the 17th day of June, 1993, in Book 0693, Page 3792 of the official records of the Recorder for the County of Douglas, State of Nevada for that real property described as:

Lot 471 as shown on the map of Gardnerville Ranchos Unit No. 7 filed in the office of the County Recorder for the County of Douglas, State of Nevada, on March 27, 1974 in Book 374, Page 676, as file No. 72456.

In Witness thereof, I have hereunto set my hand this day of Macaneleek, 2001.

Signature DONALD E. SMITH

STATE OF NEVADA

) §§

COUNTY OF DOUGLAS

Witness my hand and seal.

BK 1 1 0 1 PG 2 3 4 1

0527229

Notary Public - <u>Nevada</u>
Dougles County
My Commission Expires
July 1, 2003

Notary Public

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

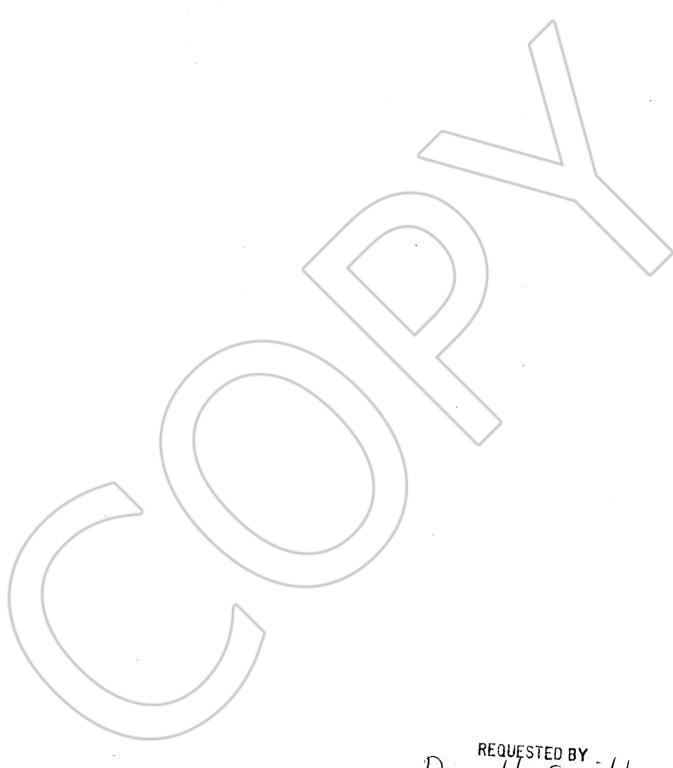
CERTIFICATE OF DEATH

PE /	LOCAL FILE NUMBER	Middle	Last	ACI	TE OF DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
INT	DECEASED—NAME First 1 Wanda	Vesta		ith 2.	April 3, 2000	3a. Carson C
IENT INK	CITY, TOWN OR LOCATION OF DE	的复数电影 医克勒氏性 医克里氏病 医多种性 医多种	ER INSTITUTION—Name (If I	Control of the Control of the Section 1997	i jakona 📤 totatur kombistor titatisko, in simataka 🗈	cate DOA, OP/Emer. SEX
	зь Carson City		-Tahoe-Hospit		3e. Inp	atient 4 Fema
ENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic C specify Mexican, Cuban, Pue	orlgin? Specify ☐ yes 🔀 no If the error of	yes, AGE—Last Birthday (Years	UNDER 1 YEAR UNDER 1 MOS DAYS HOURS	MINS
	5. White	6.		7a. 82	7b 7c	8. August 11,19
ATH IED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COL	grade completed.		VIDOWED, DIVORCED	12 Donald E. Smil
TION DBOOK	9aCalifornia SOCIAL SECURITY NUMBER	9b. U.S.A.	10. 14 y1 Give Kind of Work Done Durin	:s•	1. Married KIND OF BUSINESS OR INDUSTR	
DING ION OF		Working Life, Even if Rei	^{tired)} Homemaker		14b. Own Home	
E ITEMS	13. RESI -6748	COUNTY	CITY, TOWN, OR LOCA	ATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
└> [^{15a.} Nevada	^{15b.} Douglas	15c. Gardne	erville	15d960 Dress1	erville 15e. Yes
7000	FATHER—NAME First	Middle	Last	MOTHER—MAIDEN	VAME First	Middle Last
NTS	16. Luther		Gardner	17.	Vesta (Street or R.F.D. No., City or To	Bowen
	INFORMANT—NAME (Type or Print)		MAILING ADDRI	TERLS OF STREET		
	18a. Donald E. Sm BURIAL, CREMATION, REMOVAL,	ith	18b. 960] ERY OR CREMATORY—NAM)resslerv:	Llle Rd., Gardne	city or Town State
			スペンスということが		cory Joc Carson	. City Novada
TION	Cremation FUNERAL DIRECTOR—SIGNATUR	FUNER	Walton's Sie	ADDRESS OF FACI	UTY Walton's Doug!	as County Mortua
	(Or Person Acting as Such) 20a. ► MM MA	LICENS	SE NUMBER	8 Fourth	St., Minden, Nevac	la 89423
>		edge, death occurred at the time.	date and place and	222	On the basis of examination and/or	investigation, in my opinion death occu to the cause(s) and manner stated.
	due to the cause(s) state (Signature and Title)		MIM		gnature and Title)	
	DATE SIGNED (Mo., Da		DEATH	See DA	TE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
FIER	(Signature and Title) DATE SIGNED (Mo., Date of the Da		0530	03 22 94 0 pp	ONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
	이 유튜보 회사 하는 교육을 하셨다고 있다.	PHYSICIAN IF OTHER THAN CE	HITIER (TYPE OF FILIT)	$\mathbb{A}_{\mathbb{A}}^{\mathbb{A}}$		
	O 21d.	OF CERTIFIER (PHYSICIAN, ATT	ENDING PHYSICIAN, MEDIC		d. ON ORONER). (Type or Print.)	22e. AT LICENSE NUMBER
	22 Robert I	McDonald.710) W. Washingt	on St., C	arson City, Nev	ada _{23b.} 6433
IONS	REGISTRAR		DATE F	RECEIVED BY REGIST	TRAR (Mo., Day, Yr.) DEATH DUE 1	O COMMUNICABLE DISEASE
IÝ BAVE	24a. (Signature)	n R Kark	24b. 6	april 5,	2000 24c. YES[
TO ATE	25. IMMEDIATE CAUSE (EN	TER ONLY ONE CAUSE PER LIN	IE FOR (a), (b), AND (c).)			• Interval between onset and
52' - I		50 - 1/4,0m	LNOS	£		:
SE S THE	PART (a)			12 10 11 11	- 1900 -	. Interval between onset and
SE S THE YING		CONSEQUENCE OF:				Interval between onset and
SE S THE YING	(b) Pure	wo. 5				Interval between onset and
SE S THE YING	(b) Pure	CONSEQUENCE OF:			/	days
SE OF	(b) DUE TO, OR AS A (c) Such	CONSEQUENCE OF:	uting to death but not resulting	in the underlying cau	se given in Part 1. AUTOPSY	Interval between onset and Interval between onset and
SE OF	(c) Suco	wo. 5	uting to death but not resulting	in the underlying cau	Se given in Part 1. AUTOPSY y	Interval between onset and ### Month
SE 3 THE LYING LAST	DUE TO OR AS A (b) DUE TO, OR AS A (c) PART OTHER SIGNIFICANT (III) ACC SUICIDE, HOM., UNDET.,	CONSEQUENCE OF: CONDITIONS—Conditions contrib		in the underlying cau	26 N O	Interval between onset and If Copecify Was Case Referred To Coroner (Specify Yes or No)
SE G THE LYING LAST	DUE TO OR AS A (b) DUE TO, OR AS A (c) PART OTHER SIGNIFICANT (II) ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	CONSEQUENCE OF: STORY CONDITIONS—Conditions contrib DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY		26 N O	Interval between onset and (Specify WAS CASE REFERRED TO CORONER (Specify Yes or 27. Yes
SE G THE LYING LAST	DUE TO OR AS A (b) DUE TO, OR AS A (c) PART OTHER SIGNIFICANT (II) ACC SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. INJURY AT WORK	CONSEQUENCE OF: CONDITIONS—Conditions contrib DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY E	DESCRIBE HOW INJU	26 N O	Interval between onset and If Copecify Was Case Referred To Coroner (Specify Yes or No)
SE G THE LYING LAST	DUE TO OR AS A (b) DUE TO, OR AS A (c) PART OTHER SIGNIFICANT II ACC SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	CONSEQUENCE OF: CONDITIONS—Conditions contrib DATE OF INJURY (Mo., Day, Yr.) 28b. PLACE OF INJURY—At home, f	HOUR OF INJURY E 28c. M 2 arm, street, factory, office (Specify)	DESCRIBE HOW INJU	26NO RY OCCURRED	Interval between onset and (Specify WAS CASE REFERRED TO CORONER (Specify Yes or 27. Yes
SE OF ATH	DUE TO OR AS A (b) DUE TO, OR AS A (c) PART OTHER SIGNIFICANT (III) ACC SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify Yes or No)	CONSEQUENCE OF: CONDITIONS—Conditions contrib DATE OF INJURY (Mo., Day, Yr.) 28b. PLACE OF INJURY—At home, f building, etc.	HOUR OF INJURY E 28c. M 2 arm, street, factory, office (Specify)	DESCRIBE HOW INJU 28d. LOCATION.	26NO RY OCCURRED	Interval between onset and (Specify WAS CASE REFERRED TO CORONER (Specify Yes or 27. Yes

This is to certify that the above is a true and correct copy of the certificate on file in this office.

APR 0 5 2000

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



REQUESTED BY

Doweld Smith

IN OFFICIAL RECORDS OF

DOUGLAS CO., NEVADA

2001 NOV -7 PM 4: 27

LINDA SLATER
RECORDER

S/G PAID / DEPUTY

0527229BK | | 0 | PG 2343